

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00082095	2 Total pages filed: 17			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Ramona L.	MI	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST Thompson	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2019			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2001 Cane Hill Dr.			Date Hand-delivered or Date Postmarked			
	Frisco, TX 75034			Receipt #	Amount		
				Date Processed			
				Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Ronald E.	MI				
	NICKNAME	LAST Thompson	SUFFIX				
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 2001 Cane Hill Dr.		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Frisco, TX 75034						
7 CAMPAIGN TREASURER PHONE	AREA CODE (469) 630-1866	PHONE NUMBER 10/28/2018	EXTENSION THROUGH				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH-FR)						
9 PERIOD COVERED	Month 10/28/2018	Day	Year	Month 12/31/2018	Day	Year	
10 ELECTION	ELECTION DATE Month 11/06/2018	Day	Year	Primary <input type="checkbox"/> General	Runoff <input type="checkbox"/>	Other <input type="checkbox"/> Special	ELECTION TYPE
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 106			

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Thompson, Ramona L. (Ms.)		14 Filer ID (Ethics Commission Filers) 00082095
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	802.54
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	17,004.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	230.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,547.48

**17 AFFADAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Ramona L. Thompson

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME	<b>19</b> Filer ID (Ethics Commission Filers) 00082095
Thompson, Ramona L. (Ms.)	
<b>20</b> SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 802.54
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,825.00
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,179.34
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/6 Rpt: 4/17
<b>2</b> FILER NAME Thompson, Ramona L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00082095
<b>4</b> Date 10/28/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Suzanne	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	
<b>8</b> Principal occupation / Job title (See Instructions) not employed		<b>9</b> Employer (See Instructions) none
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Karl	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Roxbury Crossing, MA 02120	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Third Iron LLC
Date 11/20/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billings, Mary	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  FRISCO, TX 75035	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Tobin	Amount of Contribution (\$) \$4.55
	Contributor address; City; State; Zip Code  Fort Worth, TX 76107	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Williamson-Dickie Mfg. Co.
Date 11/01/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, kevin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Garland, TX 75043	
Principal occupation / Job title (See Instructions) transportation operator		Employer (See Instructions) DART

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/6 Rpt: 5/17
<b>2</b> FILER NAME Thompson, Ramona L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00082095
<b>4</b> Date 11/01/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, kevin	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Garland, TX 75043	
<b>8</b> Principal occupation / Job title (See Instructions) transportation operator		<b>9</b> Employer (See Instructions) DART
Date 10/31/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyson, Pam	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions) Licensed Professional Counselor		Employer (See Instructions) Self-Employed
Date 11/06/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Follansbee, Janet	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 11/04/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frisbie, Mark	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) T-shirt Sales
Date 11/11/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galloway, Toby	Amount of Contribution (\$) \$1.13
	Contributor address; City; State; Zip Code  Fort Worth, TX 76109	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kelly Hart & Hallman LLP

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/6 Rpt: 6/17
<b>2</b> FILER NAME Thompson, Ramona L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00082095
<b>4</b> Date 10/29/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia MD, Catalina E	<b>7</b> Amount of Contribution (\$) \$4.55
	<b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75382	
<b>8</b> Principal occupation / Job title (See Instructions) Physician		<b>9</b> Employer (See Instructions) self
<b>Date</b> 11/10/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzaes, Ceclia	<b>Amount of Contribution (\$)</b> \$1.09
	<b>Contributor address; City; State; Zip Code</b>  Arlington, TX 76011	
<b>Principal occupation / Job title (See Instructions)</b> Self-Emploed		<b>Employer (See Instructions)</b> GonzalesLaborSystemsInc.
<b>Date</b> 11/03/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Graviett, Thomas	<b>Amount of Contribution (\$)</b> \$50.00
	<b>Contributor address; City; State; Zip Code</b>  Lewisville, TX 75067	
<b>Principal occupation / Job title (See Instructions)</b> Systems Engineer		<b>Employer (See Instructions)</b> Experian PLC
<b>Date</b> 11/03/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebb, Judith	<b>Amount of Contribution (\$)</b> \$25.00
	<b>Contributor address; City; State; Zip Code</b>  The Colony, TX 75056	
<b>Principal occupation / Job title (See Instructions)</b> College Professor		<b>Employer (See Instructions)</b> Texas Woman's University
<b>Date</b> 11/01/2018	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnsson, Inge	<b>Amount of Contribution (\$)</b> \$1.13
	<b>Contributor address; City; State; Zip Code</b>  Frisco, TX 75034	
<b>Principal occupation / Job title (See Instructions)</b> Sales Director		<b>Employer (See Instructions)</b> Ericsson

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/6 Rpt: 7/17
<b>2</b> FILER NAME Thompson, Ramona L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00082095
<b>4</b> Date 11/14/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurgens, Gay ..... <b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	<b>7</b> Amount of Contribution (\$)  \$6.00
	<b>8</b> Principal occupation / Job title (See Instructions) Not Employed	<b>9</b> Employer (See Instructions) Not Employed
Date 11/14/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurgens, Gay ..... Contributor address; City; State; Zip Code  Dallas, TX 75229	Amount of Contribution (\$)  \$6.00
	Principal occupation / Job title (See Instructions) marriage & family therapist	Employer (See Instructions) self
Date 10/28/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert ..... Contributor address; City; State; Zip Code  Corinth, TX 76210	Amount of Contribution (\$)  \$1.13
	Principal occupation / Job title (See Instructions) Self-employed	Employer (See Instructions) Merlin Automation Inc.
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Victoria ..... Contributor address; City; State; Zip Code  Frisco, TX 75036	Amount of Contribution (\$)  \$25.00
	Principal occupation / Job title (See Instructions) none	Employer (See Instructions) none
Date 10/30/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leaders, Ron ..... Contributor address; City; State; Zip Code  Vashon, WA 98070	Amount of Contribution (\$)  \$2.27
	Principal occupation / Job title (See Instructions) Consultant	Employer (See Instructions) Contract Solutions Group

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/6 Rpt: 8/17
<b>2</b> FILER NAME Thompson, Ramona L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00082095
<b>4</b> Date 11/05/2018	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Mary Ann	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Frisco, TX 75034	
<b>8</b> Principal occupation / Job title (See Instructions) ADHD life Coach		<b>9</b> Employer (See Instructions) self
Date 10/29/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Betty	Amount of Contribution (\$) \$1.14
	Contributor address; City; State; Zip Code  Fort Worth, TX 76133	
Principal occupation / Job title (See Instructions) Admin. Specialist		Employer (See Instructions) Weatherford Int'l
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUMBAUT, Miryam	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/05/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reder, Mary	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Plano, TX 75075	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2018	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selby, Adam	Amount of Contribution (\$) \$2.27
	Contributor address; City; State; Zip Code  Denton, TX 76201	
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) 88 Oak

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/6 Rpt: 9/17
<b>2</b> FILER NAME Thompson, Ramona L. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00082095
<b>4</b> Date 10/31/2018	<b>5</b> Full name of contributor Shipp, Jason	<b>7</b> Amount of Contribution (\$) \$1.14
	<b>6</b> Contributor address; City; State; Zip Code  McKinney, TX 75070	
<b>8</b> Principal occupation / Job title (See Instructions) Creative Director		<b>9</b> Employer (See Instructions) Moroch Partners
Date 11/04/2018	Full name of contributor Thomas, Richard	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2018	Full name of contributor Warach, Khurram	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Frisco, TX 75034	
Principal occupation / Job title (See Instructions) Civil engineer		Employer (See Instructions) Atkins - SNC
Date 11/14/2018	Full name of contributor Wendy, Wood	Amount of Contribution (\$) \$1.00
	Contributor address; City; State; Zip Code  Oakland, CA 94610	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/30/2018	Full name of contributor jackson, larry	Amount of Contribution (\$) \$1.14
	Contributor address; City; State; Zip Code  plano, TX 75075	
Principal occupation / Job title (See Instructions) none		Employer (See Instructions) none

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095
4 Date 11/20/2018	5 Payee name FirstBankCard	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 2818  Omaha, NE 68103-2818	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/23/2018	Payee name FirstBankCard	
Amount (\$) \$13,500.00	Payee address; City; State; Zip Code P.O. Box 2818  Omaha, NE 68103-2818	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/19/2018	Payee name FirstBankCard	
Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 2818  Omaha, NE 68103-2818	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CC
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/17	2 FILER NAME Thompson, Ramona L. (Ms.)	3 Filer ID (Ethics Commission Filers) 00082095	
4 Date 10/29/2018	5 Payee name The UPS Store		
6 Amount (\$) \$25.00	7 Payee address; City; 5605 FM 423 #500  Frisco, TX 75034		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense rental	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 1/6 Rpt: 12/17	3 Filer ID (Ethics Commission Filers) 00082095
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/25/2018	6 Payee name ActBlue Technical Services	
7 Amount (\$) \$32.18	8 Payee address; City; State; Zip Code 366 Summer Street  Somerville, TX 02144-3132	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fees
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 12/23/2018	Payee name Demsign	
Amount (\$) \$627.85	Payee address; City; State; Zip Code 1401 Harvest Glen Dr.  Plano, TX 75074	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 2/6 Rpt: 13/17	3 Filer ID (Ethics Commission Filers) 00082095
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 11/20/2018	6 Payee name Dropbox	
7 Amount (\$) \$10.65	8 Payee address; City; State; Zip Code 185 Berry St. Ste. 400  San Francisco, CA 94107	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held
Date 12/20/2018	Payee name Dropbox	
Amount (\$) \$10.65	Payee address; City; State; Zip Code 185 Berry St. Ste. 400  San Francisco, CA 94107	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense storage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 3/6 Rpt: 14/17	3 Filer ID (Ethics Commission Filers) 00082095
4	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 10/31/2018	6 Payee name Facebook	
7 Amount (\$) \$118.95	8 Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FB Ads
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 11/30/2018	Payee name Facebook	
Amount (\$) \$139.18	Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ads
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 4/6 Rpt: 15/17	3 Filer ID (Ethics Commission Filers) 00082095
4	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 12/27/2018	6 Payee name FirstBankCard	
7 Amount (\$) \$49.52	8 Payee address; City; State; Zip Code P.O. Box 2818  Omaha, NE 68103-2818	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 11/07/2018	Payee name Hustle	
Amount (\$) \$38.79	Payee address; City; State; Zip Code 251 Kearny St  San Francisco, CA 94108	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 5/6 Rpt: 16/17	3 Filer ID (Ethics Commission Filers) 00082095
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4	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	
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5 Date 11/07/2018	6 Payee name Hustle
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7 Amount (\$) \$22.64	8 Payee address; City; State; Zip Code 251 Kearny St  San Francisco, CA 94108
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Texts
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 11/07/2018	Payee name Hustle
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Amount (\$) \$1,112.94	Payee address; City; State; Zip Code 251 Kearny St  San Francisco, CA 94108
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense texts
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 6/6 Rpt: 17/17	3 Filer ID (Ethics Commission Filers) 00082095
4	TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$	
5 Date 11/04/2018	6 Payee name The Texas Observer	
7 Amount (\$) \$0.99	8 Payee address; City; State; Zip Code 54 Chicon Street  Austin, TX 78702	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 11/04/2018	Payee name USPS	
Amount (\$) \$15.00	Payee address; City; State; Zip Code 8811 Teel Parkway  Frisco, TX 75034	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postage
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	